

Centers for Medicare & Medicaid Services, HHS

§ 447.10

RURAL HEALTH CLINIC SERVICES

447.371 Services furnished by rural health clinics.

Subparts G–H [Reserved]

Subpart I—Payment for Drugs

- 447.500 Basis and purpose.
- 447.502 Definitions.
- 447.504 Determination of AMP.
- 447.505 Determination of best price.
- 447.506 Authorized generic drugs.
- 447.508 Exclusion from best price of certain sales at a nominal price.
- 447.510 Requirements for manufacturers.
- 447.512 Drugs: Aggregate upper limits of payment.
- 447.514 Upper limits for multiple source drugs.
- 447.516 Upper limits for drugs furnished as part of services.
- 447.518 State plan requirements, findings and assurances.
- 447.520 FFP: Conditions relating to physician-administered drugs.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

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Subpart A—Payments: General Provisions

§ 447.1 Purpose.

This subpart prescribes State plan requirements, FFP limitations and procedures concerning payments made by State Medicaid agencies for Medicaid services.

§ 447.10 Prohibition against reassignment of provider claims.

(a) *Basis and purpose.* This section implements section 1902(a)(32) of the Act which prohibits State payments for Medicaid services to anyone other than a provider or recipient, except in specified circumstances.

(b) *Definitions.* For purposes of this section:

Facility means an institution that furnishes health care services to inpatients.

Factor means an individual or an organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the provider has assigned, sold or transferred to the individual organization for an added fee or a deduction of

a portion of the accounts receivable. Factor does not include a business representative as described in paragraph (f) of this section.

Organized health care delivery system means a public or private organization for delivering health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization.

(c) *State plan requirements.* A State plan must provide that the requirements of paragraphs (d) through (h) of this section are met.

(d) *Who may receive payment.* Payment may be made only—

(1) To the provider; or

(2) To the recipient if he is a noncash recipient eligible to receive the payment under § 447.25; or

(3) In accordance with paragraphs (e), (f), and (g) of this section.

(e) *Reassignments.* Payment may be made in accordance with a reassignment from the provider to a government agency or reassignment by a court order.

(f) *Business agents.* Payment may be made to a business agent, such as a billing service or an accounting firm, that furnishes statements and receives payments in the name of the provider, if the agent's compensation for this service is—

(1) Related to the cost of processing the billing;

(2) Not related on a percentage or other basis to the amount that is billed or collected; and

(3) Not dependent upon the collection of the payment.

(g) *Individual practitioners.* Payment may be made to—

(1) The employer of the practitioner, if the practitioner is required as a condition of employment to turn over his fees to the employer;

(2) The facility in which the service is provided, if the practitioner has a contract under which the facility submits the claim; or

(3) A foundation, plan, or similar organization operating an organized health care delivery system, if the practitioner has a contract under which the organization submits the claim.